

ASTHMA MANAGEMENT PLAN

Name _____ Drug Allergies _____ Weight _____

Green Zone: Go

- No symptoms of an asthma episode (no coughing, no wheezing, no shortness of breath, no nighttime awakenings)
- Able to do usual activities, run, play, attend school. Usual medications control asthma
- Peak Flow 80% of personal best
- PFM _____ to _____

Plan A: Take these preventative medicines all the time:

<i>Controller/Preventative Medicine</i>	<i>How delivered</i>	<i>How much</i>	<i>How often</i>
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15-20 minutes before sports/exercising take:

Yellow Zone: Caution

- Increased asthma symptoms, increased coughing, wheezing, work of breathing, shortness of breath, retractions, awakening at night
- Usual activities somewhat limited, unable to run, play, attend school as can normally
- Increased need for asthma medication
- Peak Flow 50-80% of personal best
- PFM _____ to _____

Plan B: Continue Plan A and add these quick relief medicines:

<i>Short-Acting ?₂ Medicine</i>	<i>How delivered</i>	<i>How much</i>	<i>How often</i>
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If you feel better after taking this medication: **Go back** to your **Green Zone** medications and **recheck every 4 hours** for continued improvement or worsening of asthma symptoms. **If you DO NOT** feel better in 20 to 60 minutes or if you need **Albuterol every 4 hours** then **Follow the RED ZONE Plan**.

Red Zone: DANGER

- Very short of breath, coughing and wheezing that won't stop
- Usual activities severely limited, can't walk, run, play, sleep or need to sleep upright
- Asthma symptoms have not gone away or return quickly (less than 4 hours) despite using asthma medications
- Can't talk in complete sentences, ribs show with each breath
- Peak Flow less than 50% of personal best
- PFM less than _____

Plan C: This is a Danger Zone! Take these medicines immediately!

<i>Short-Acting ?₂ Medicine</i>	<i>How delivered</i>	<i>How much</i>	<i>How often</i>
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Oral steroid dose

Next, call your own physician for further instructions.
BUT, see the doctor **RIGHT AWAY** or go to the hospital **if ANY** of these things are happening:

- Lips or fingernails are blue or gray, or
- You are struggling to breathe, or
- You do not feel any better 20 to 30 minutes after taking the extra medicine.

Known Asthma Symptoms

- coughing
- wheezing
- shortness of breath
- tightness in chest
- other _____

Known Asthma Triggers

- respiratory infection
- animals (specify) _____
- foods (specify) _____
- cigarette smoke
- pollens/mold
- temperature changes
- strong odors or fumes
- exercise
- wood smoke
- dust/chalk dust
- other _____

Asthma Management Plan

ASTHMA DISEASE MANAGEMENT PROGRAM

PARENT SIGNATURE _____

Date signed _____

FOR SCHOOL AND CHILD CARE MEDICATION PERMISSION: This patient has been instructed in the proper way to take his/her medications. He/she is capable of self-administering medications: ___Yes ___No
 He/she can reliably report asthma symptoms: ___Yes ___No

Health Care Provider's Signature _____ Date _____